

# PCT

## CHAPTER II

### FEE CALCULATION SHEET

#### Annex to the Demand

International application No. <b>PCT/JP03/10258</b>	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference <b>CFO17494WO</b>	Date stamp of the IPEA	
Applicant <b>CANON KABUSHIKI KAISHA</b>		
<b>CALCULATION OF PRESCRIBED FEES</b>		
1. Preliminary examination fee .....	<b>¥28,000</b>	<div style="border: 1px solid black; padding: 2px;">P</div>
2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....	<b>¥16,600</b>	<div style="border: 1px solid black; padding: 2px;">H</div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	<b>¥44,600</b>	
		<div style="border: 1px solid black; padding: 2px;">TOTAL</div>
<b>MODE OF PAYMENT</b>		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input checked="" type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
<b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> <i>(This mode of payment may not be available at all IPEAs)</i>		
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____	
<input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____	
	Date: _____	
	Name: _____	
	Signature: _____	